NORWOOD HEALTH CARE-CENTRAL

1600 NORTH CHESTNUT

MARSHFIELD	54449	Phone: (715) 384-2188	}	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	16	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	16	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	./03:	16	Average Daily Census:	15

Services Provided to Non-Residents			_	of Residents	(12/31/03)	Length of Stay (12/31/03)	용	
Home Health Care	No	Primary Diagnosis		Age Groups	<b>용</b>		12.5	
Supp. Home Care-Personal Care	No					1 - 4 Years	6.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0		50.0	·	75.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	31.3			
Respite Care	No	Mental Illness (Other)	100.0	75 - 84	18.8		93.8	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	**********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer 0.0     Nursing Staff pe				Nursing Staff per 100 Res:	er 100 Residents	
Home Delivered Meals	No	Fractures	0.0		100.0			
Other Meals	No	Cardiovascular	0.0	65 & Over	50.0			
Transportation	No	Cerebrovascular	0.0			RNs	24.3	
Referral Service	No	Diabetes	0.0	Gender	8	LPNs	13.8	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	50.0	Aides, & Orderlies	63.9	
Mentally Ill	Yes			Female	50.0			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			

## Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19) Othe			Other		Private Pay			Family Care			Managed Care						
Level of Care	No.	엉	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ଡ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	15	93.8	114	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	93.8
Intermediate				1	6.3	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	6.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		16	100.0		0	0.0		0	0.0		0	0.0		0	0.0		16	100.0

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Admissions, Discharges, and	1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	43.8		0.0	56.3	16
Other Nursing Homes	33.3	Dressing	62.5		18.8	18.8	16
Acute Care Hospitals	0.0	Transferring	81.3		0.0	18.8	16
Psych. HospMR/DD Facilities	66.7	Toilet Use	81.3		0.0	18.8	16
Rehabilitation Hospitals	0.0	Eating	87.5		0.0	12.5	16
Other Locations	0.0	******	*****	*****	*****	******	*****
Total Number of Admissions	3	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	25.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	12.5	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	6.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	6.3	Receiving Mech	anically Altered Diet	s 56.3
Rehabilitation Hospitals	0.0						
Other Locations	66.7	Skin Care			Other Resident C	haracteristics	
Deaths	33.3	With Pressure Sores		6.3	Have Advance D	irectives	0.0
Total Number of Discharges	1	With Rashes		25.0	Medications		
(Including Deaths)	3				Receiving Psyc	hoactive Drugs	100.0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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	This	Other	Hospital-	Ž	All
	Facility	Based F	acilities	Fac	ilties
	%	%	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.8	90.1	1.04	87.4	1.07
Current Residents from In-County	93.8	83.8	1.12	76.7	1.22
Admissions from In-County, Still Residing	100.0	14.2	7.07	19.6	5.09
Admissions/Average Daily Census	20.0	229.5	0.09	141.3	0.14
Discharges/Average Daily Census	20.0	229.2	0.09	142.5	0.14
Discharges To Private Residence/Average Daily Census	0.0	124.8	0.00	61.6	0.00
Residents Receiving Skilled Care	93.8	92.5	1.01	88.1	1.06
Residents Aged 65 and Older	50.0	91.8	0.54	87.8	0.57
Title 19 (Medicaid) Funded Residents	100.0	64.4	1.55	65.9	1.52
Private Pay Funded Residents	0.0	22.4	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	100.0	32.9	3.04	33.6	2.98
General Medical Service Residents	0.0	22.9	0.00	20.6	0.00
Impaired ADL (Mean) *	27.5	48.6	0.57	49.4	0.56
Psychological Problems	100.0	55.4	1.81	57.4	1.74
Nursing Care Required (Mean)*	11.7	7.0	1.68	7.3	1.60